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|--------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|--------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--|----------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                     |  |                                                                   |  | <b>ACK244</b>                                                |  | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b>                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                      |  | Form 3300-077A                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| Property Owner MCCABE, CHRISTIAN                                                           |  |                                                                   |  |                                                              |  | Phone #                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>1. Well Location</b>                                                                                                                              |  |                                                                    |  | Fire # (if avail.)                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |            |  |          |  |
| Mailing Address 220 STOKELY RD N                                                           |  |                                                                   |  |                                                              |  | Village of MILLTOWN                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| City MILLTOWN                                                                              |  |                                                                   |  |                                                              |  | State WI                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Zip Code 54858                                                                                                                                       |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| County Polk                                                                                |  | Co. Permit #                                                      |  | Notification # 10058415201                                   |  | Completed 11-20-2025                                                                                                                                                                                                                                                                                                                                                                                                           |  | Subdivision Name                                                                                                                                     |  |                                                                    |  | Lot # Block #                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |            |  |          |  |
| Well Constructor (Business Name) BEECROFT, BRANT C                                         |  |                                                                   |  | Lic. # 7298                                                  |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                      |  | Latitude / Longitude in Decimal Degree (DD) 45.5386 °N -92.4994 °W |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| Address DANWELL COMPANY LLC 181 305TH AVE FREDERIC WI 54837                                |  |                                                                   |  | Well Plan Approval #                                         |  | NE NW Section Township Range<br>or Govt Lot # 8 35 N 17 W                                                                                                                                                                                                                                                                                                                                                                      |  | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>Construction Type Drilled |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
|                                                                                            |  |                                                                   |  | Approval Date (mm-dd-yyyy)                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| Hicap Permanent Well #                                                                     |  | Common Well #                                                     |  | Specific Capacity 0                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| <b>3. Well serves</b> 1 # of HOME<br>Private, potable<br>Heat Exchange ___ # of drillholes |  |                                                                   |  | Hicap Well ? No<br>Hicap Property ? No<br>Hicap Potable ? No |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                                |  |                                                                   |  |                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                                     |  |                                                                   |  |                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| Dia. (in.)                                                                                 |  | From (ft.)                                                        |  | To (ft.)                                                     |  | Upper Enlarged Drillhole                                                                                                                                                                                                                                                                                                                                                                                                       |  | Lower Open Bedrock                                                                                                                                   |  | Geology Codes                                                      |  | Type, Caving/Noncaving, Color, Hardness, etc...                                                                                                                                                                                                                                                                                                                                                                                                         |  | From (ft.) |  | To (ft.) |  |
| 6                                                                                          |  | Surface                                                           |  | 482                                                          |  | <u>No</u> Rotary - Mud Circulation ..... <u>No</u><br><u>No</u> Rotary - Air ..... <u>No</u><br><u>No</u> Rotary - Air & Foam ..... <u>No</u><br><u>No</u> Drill-Through Casing Hammer<br><u>No</u> Reverse Rotary<br><u>No</u> Cable-tool Bit ___ in. dia... <u>No</u><br><u>No</u> Dual Rotary ..... <u>Yes</u><br><u>No</u> Temp. Outer Casing ___ in. dia<br><u>No</u> Removed? ___ depth ft. (If NO explain on back side) |  |                                                                                                                                                      |  |                                                                    |  | C G C-CLAY G-W/GRAVEL/STONES Surface 8<br>Y Z Y-SAND & GRAVEL Z-W/COBBLES/BOULDERS 8 12<br>Z Z-CLAY & GRAVEL 12 18<br>Y Y-SAND & GRAVEL 18 25<br>K K-COBBLES/BOULDERS 25 30<br>Y Y-SAND & GRAVEL 30 40<br>C Z C-CLAY Z-W/COBBLES/BOULDERS 40 50<br>C G C-CLAY G-W/GRAVEL/STONES 50 57<br>W P Z W-WATER BEARING P-HARDPAN Z-W/COBBLES/BOULDERS 57 71<br>N X N-FINE X-SAND & CLAY 71 80<br>C C-CLAY 80 91<br>H B H-HARD/FIRM B-BASALT OR TRAP ROCK 91 482 |  |            |  |          |  |
| <b>6. Casing, Liner, Screen</b>                                                            |  |                                                                   |  |                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| Dia. (in.)                                                                                 |  | Material, Weight, Specification Manufacturer & Method of Assembly |  |                                                              |  | From (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                     |  | To (ft.)                                                                                                                                             |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| 6                                                                                          |  | WHEATLAND ASTM A53B PLN END BT WLD                                |  |                                                              |  | Surface                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 92.2                                                                                                                                                 |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| Dia. (in.)                                                                                 |  | Screen type, material & slot size                                 |  |                                                              |  | From (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                     |  | To (ft.)                                                                                                                                             |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |
| <b>7. Grout or Other Sealing Material</b><br>Method MOUNDED                                |  |                                                                   |  |                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |          |  |

